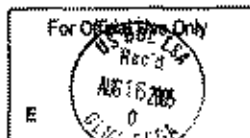


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7656	2. Fiscal Year Covered From: 1/1/04 Through: 12/31/04
3. Name and address of person filing. Name THOMAS W. CURRY P.O. Box, Bldg., Room No., if any Street 1451 OLD PINKNEY RD City HOWELL State MI ZIP Code + 4 48843	4. Name, file number, and address of labor organization. Name ROOFERS LOCAL 70 Labor Organization File Number 071-145 P.O. Box, Building and Room Number, if any Street 1451 OLD PINKNEY RD City HOWELL State MI ZIP Code + 4 48843
5. Position in labor organization. BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street (See ATTACHED STATEMENT) City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. NONE 7. b. Amount. N/A

Signatures

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Thomas W. Curry	On 9/19/05 517-548-6554 Date Telephone Number

The transactions, dealings and interests that are reported in the attached Form LM-30 Represent my good faith effort to reconstruct any reportable occurrences for calendar Year 2004. Some items may have been unintentionally omitted. If, in the future it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

PRINTED NAME THOMAS CURRY
SIGNATURE Thomas W. Curry
Date 9 AUG 05